

Fig. 1

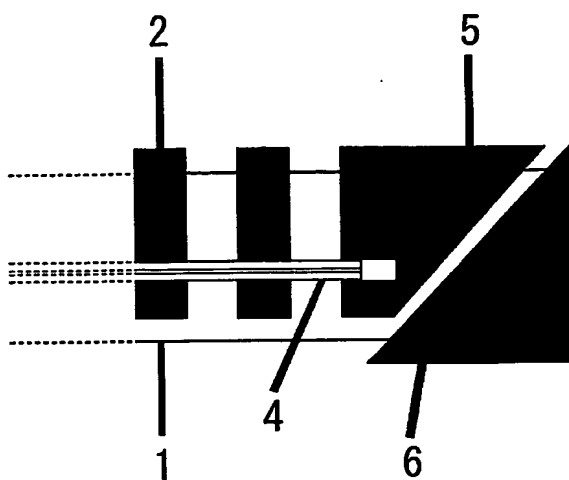
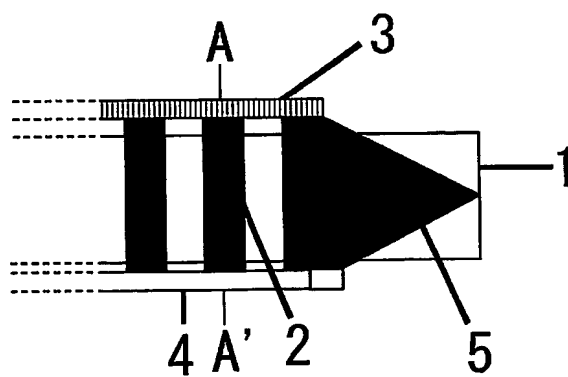


Fig. 2



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Fig. 3

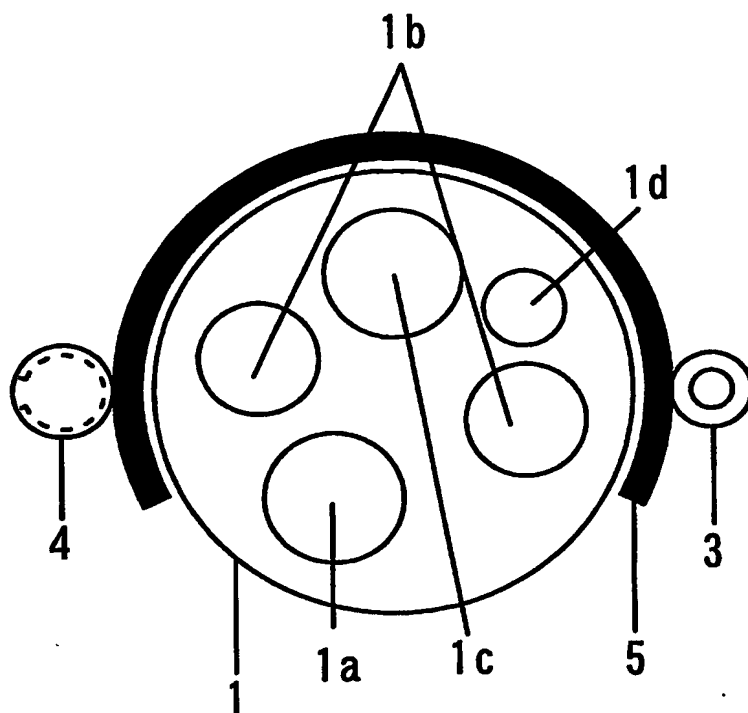


Fig. 4

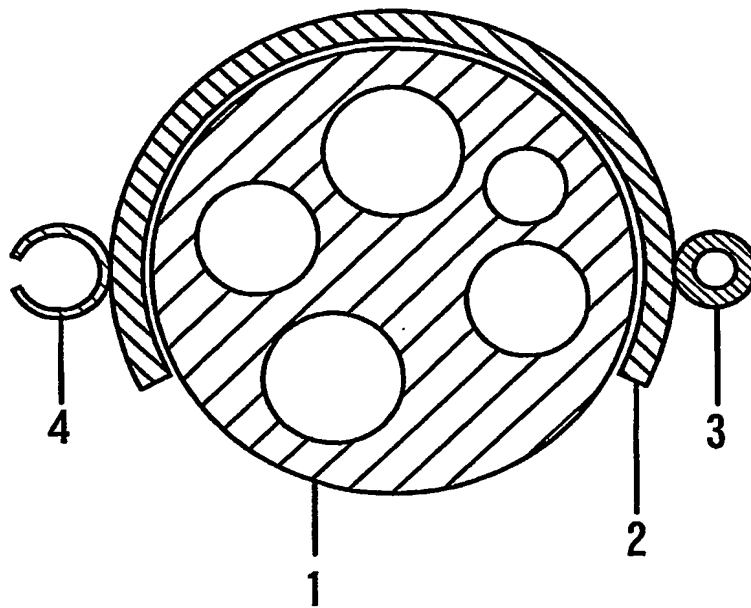


Fig.5

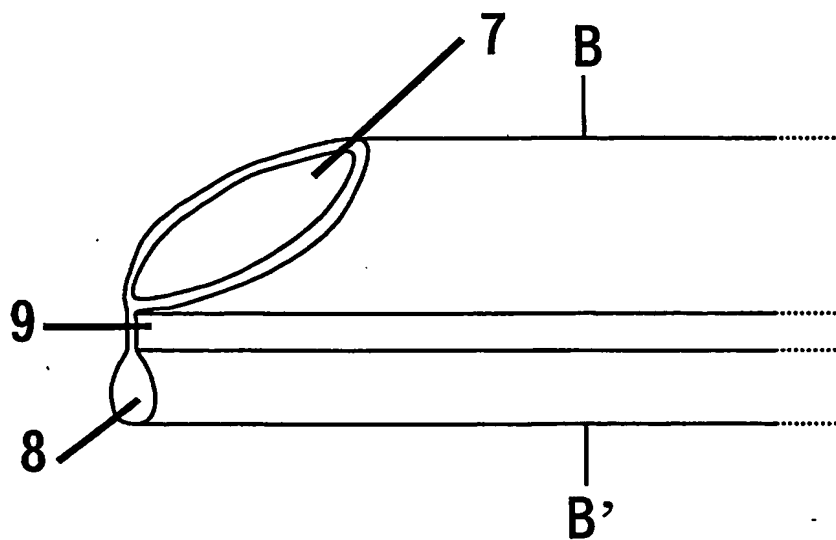


Fig. 6

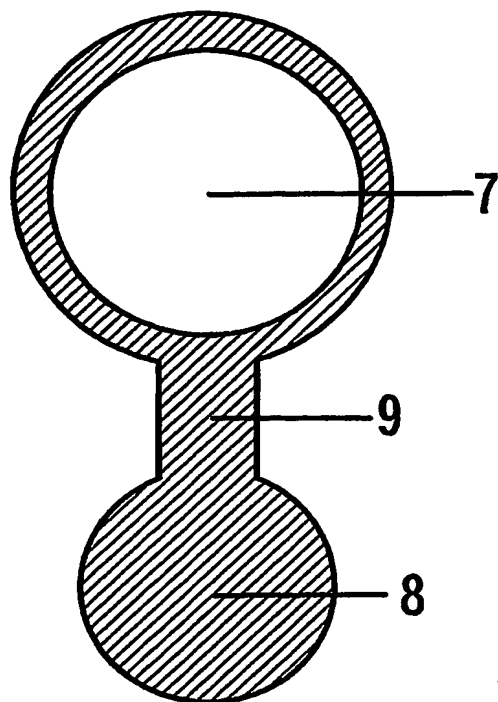


Fig. 7

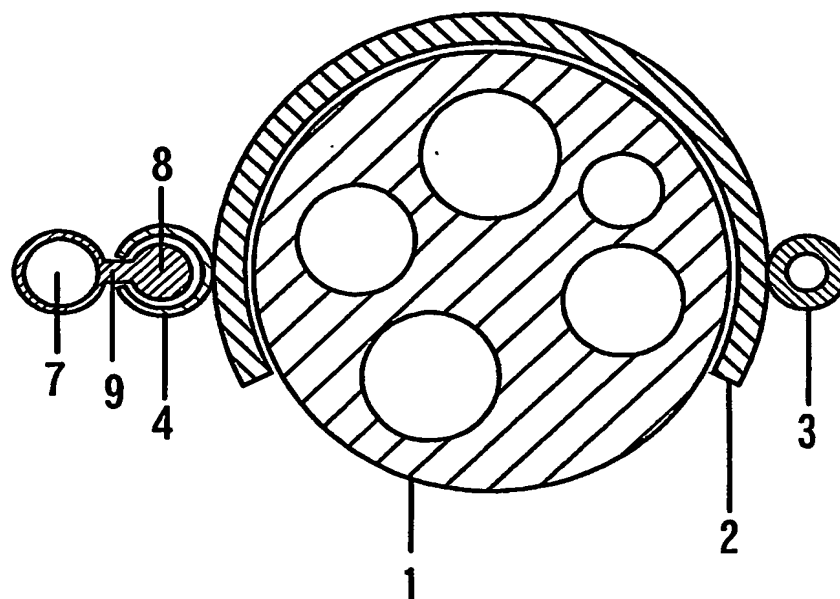


Fig. 8

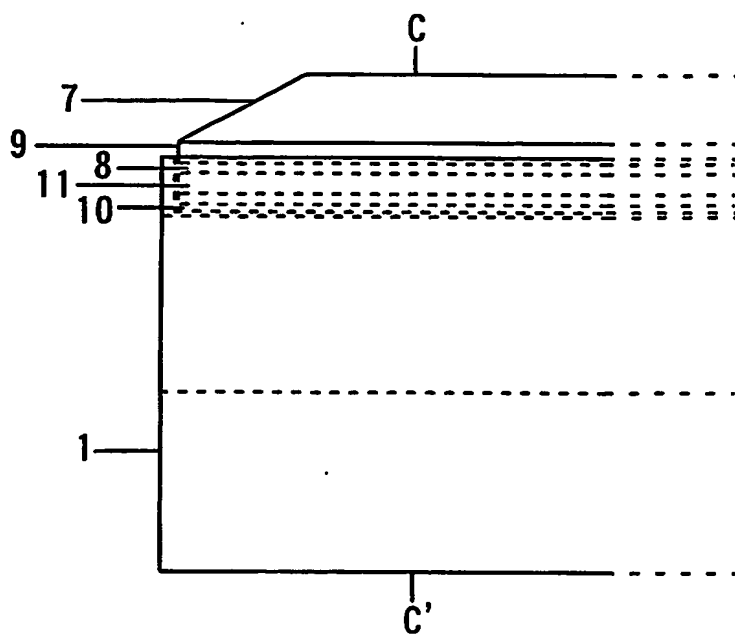


Fig. 9

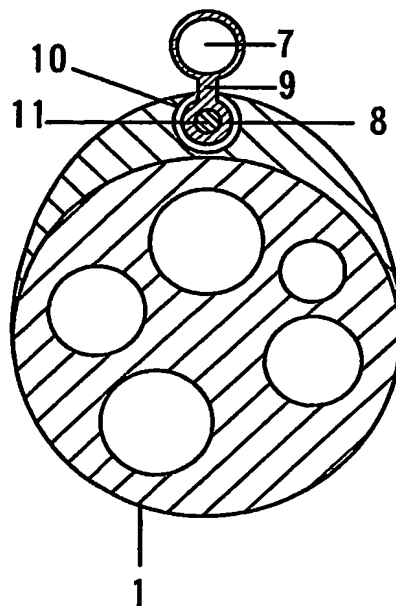


Fig. 10

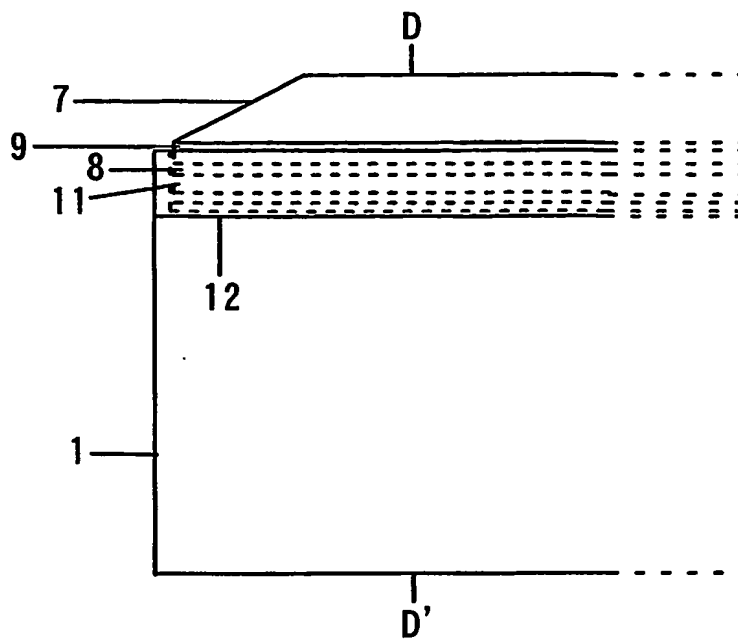


Fig. 11

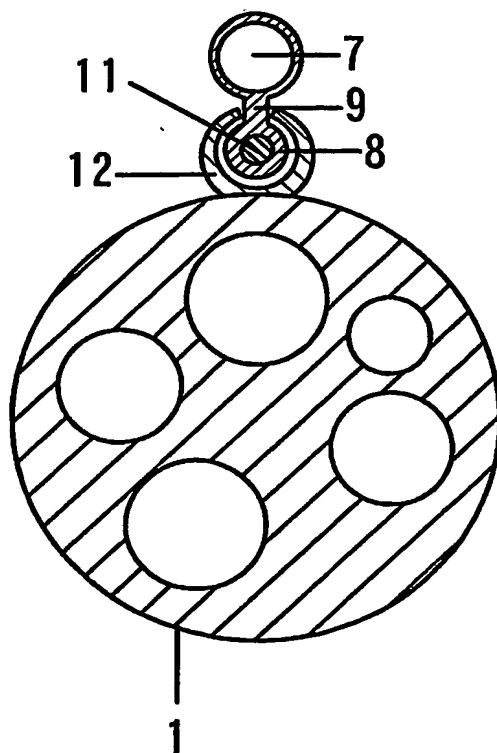


Fig. 12

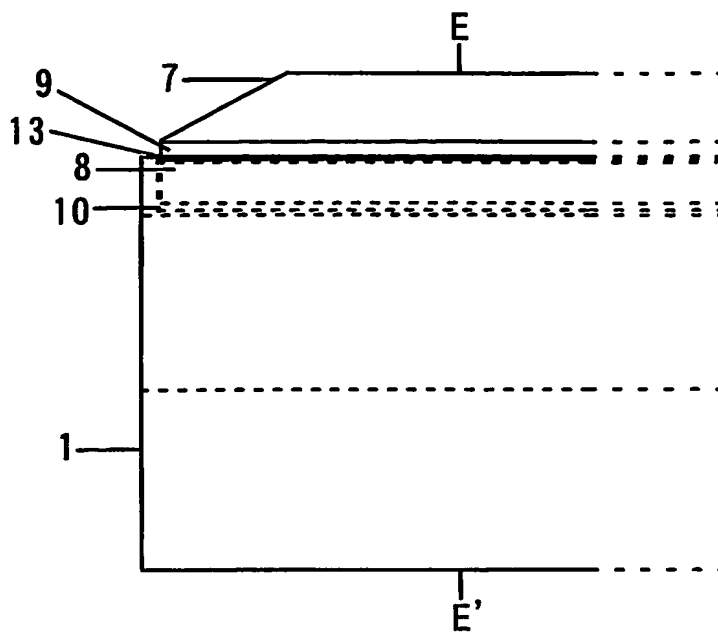


Fig. 13

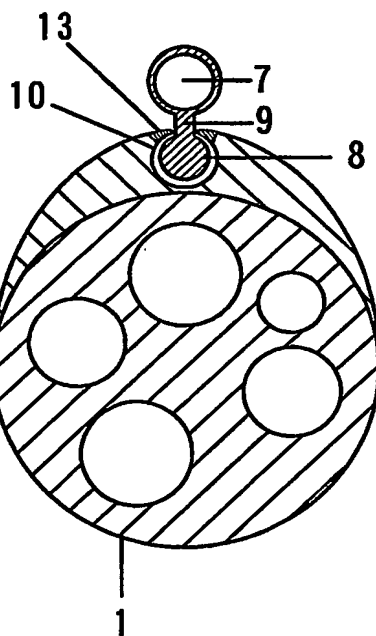


Fig.14

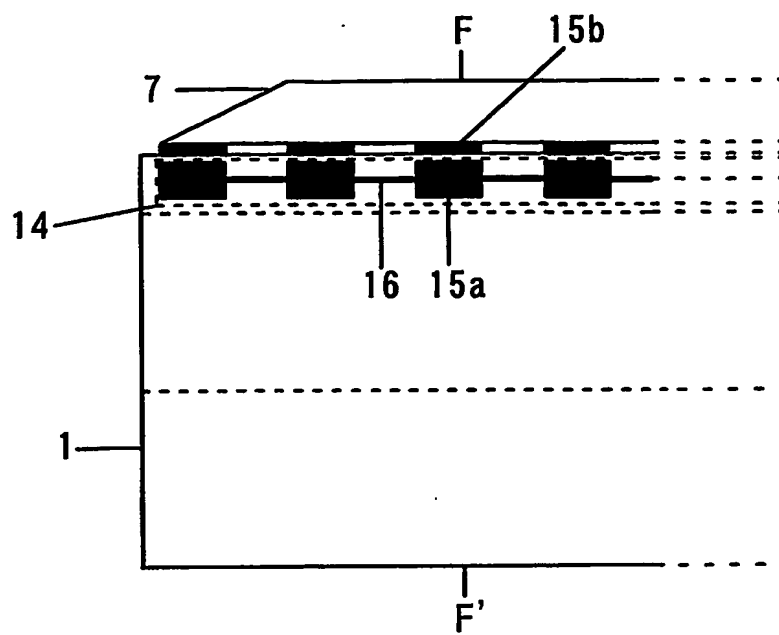


Fig. 15

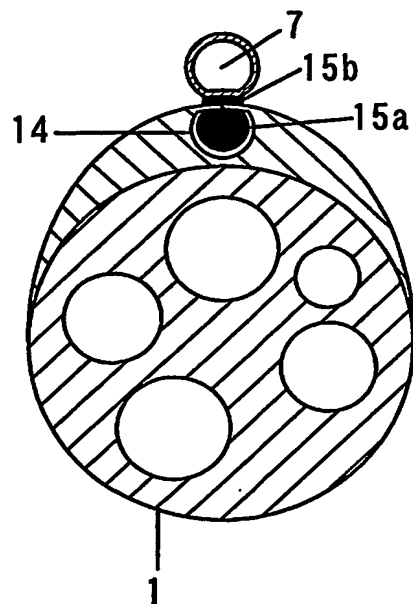


Fig. 16

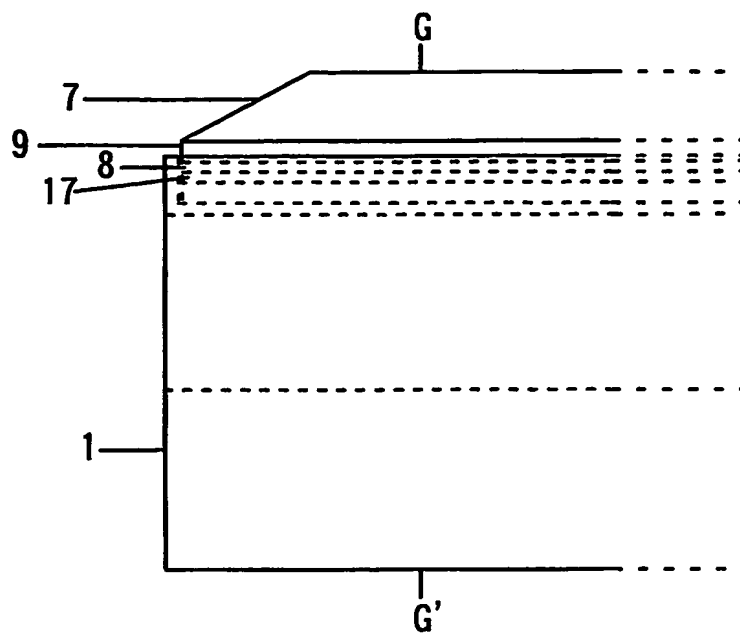


Fig. 17

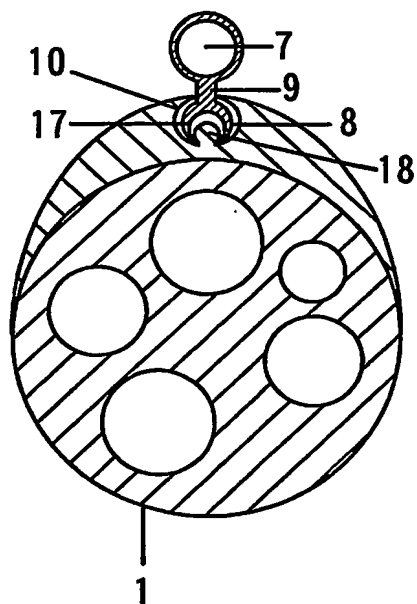
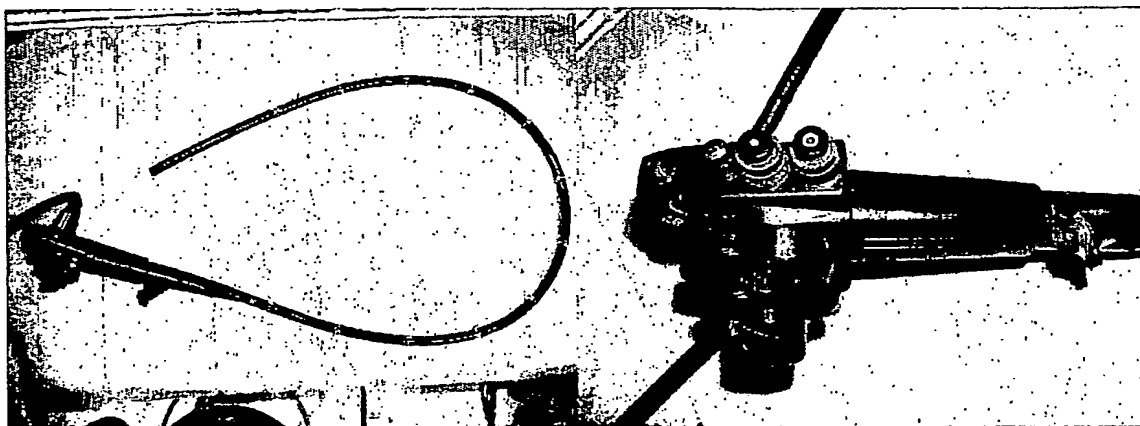


Fig. 18



OVERALL IMAGE

OPERATING PORTION

Fig. 19

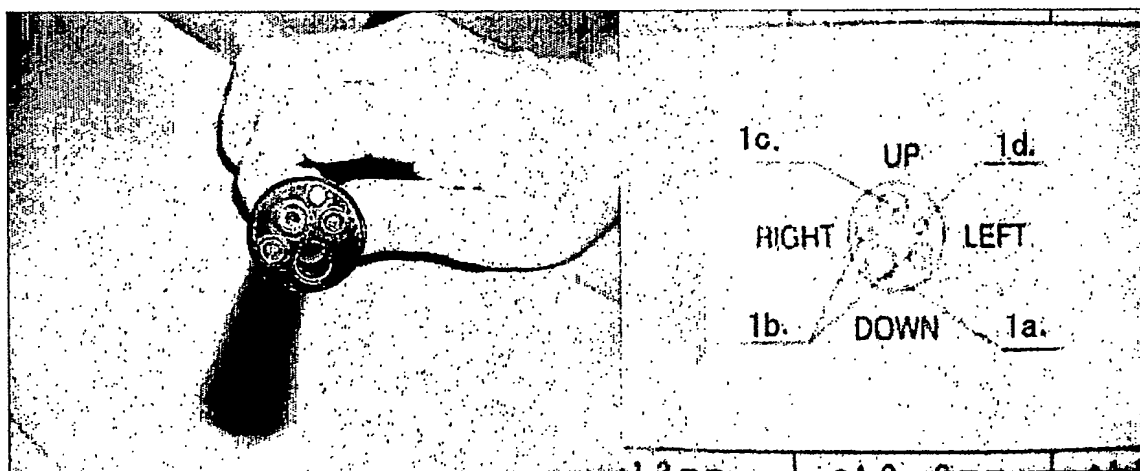


Fig.20

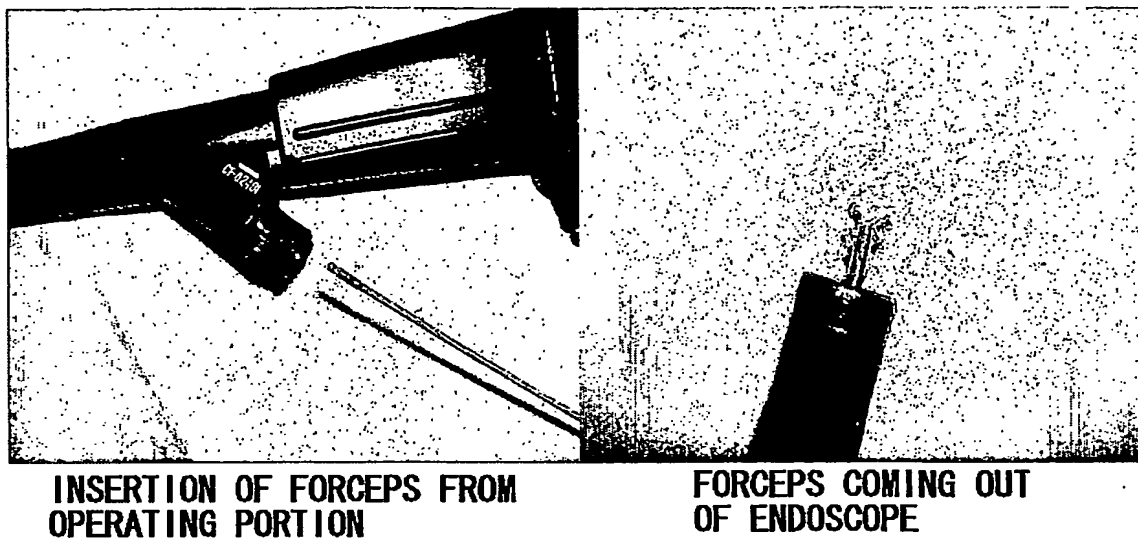


Fig. 21

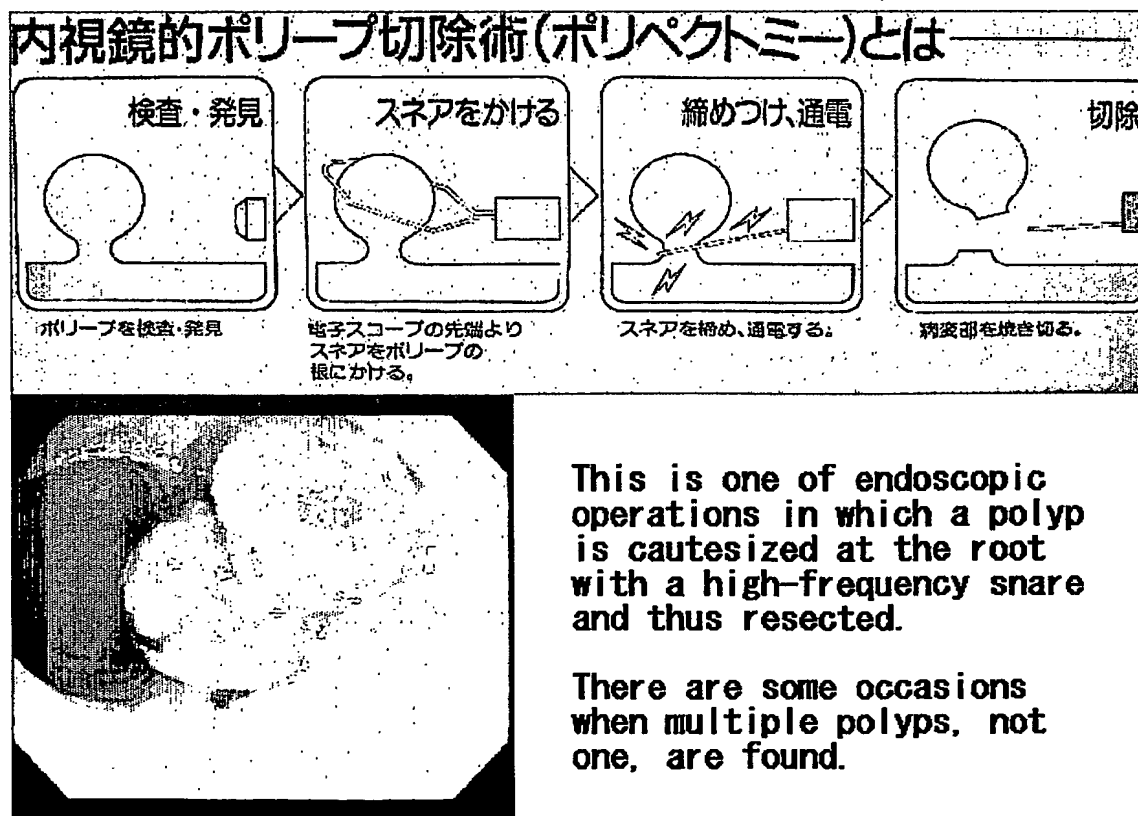
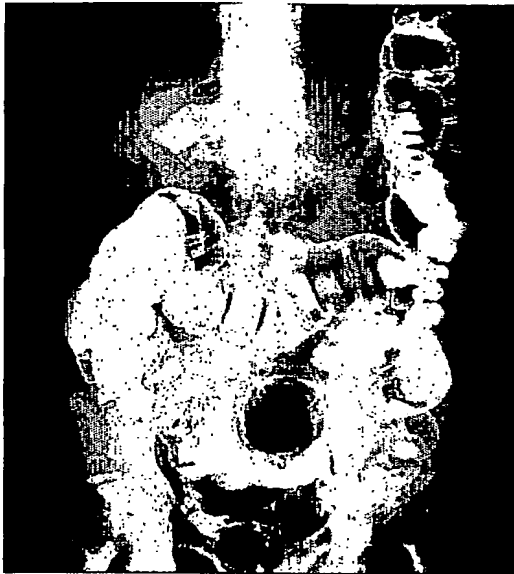
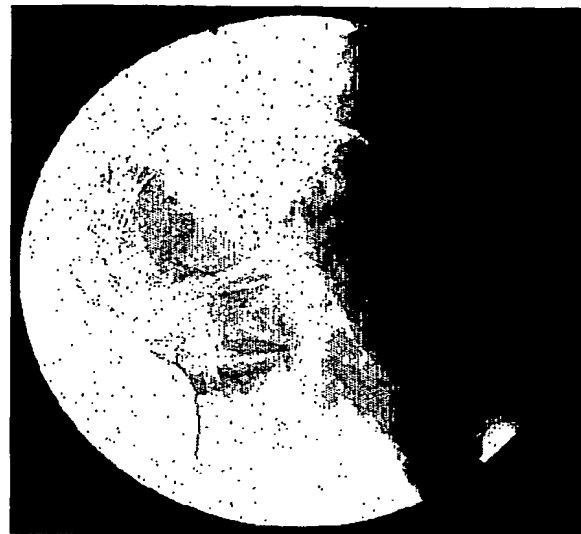


Fig. 22

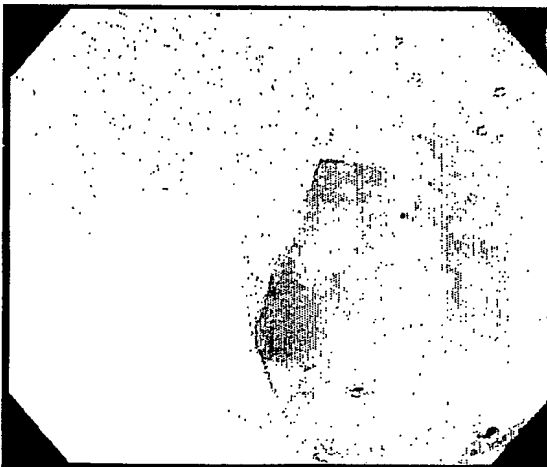


OVERALL IMAGE OF COLON

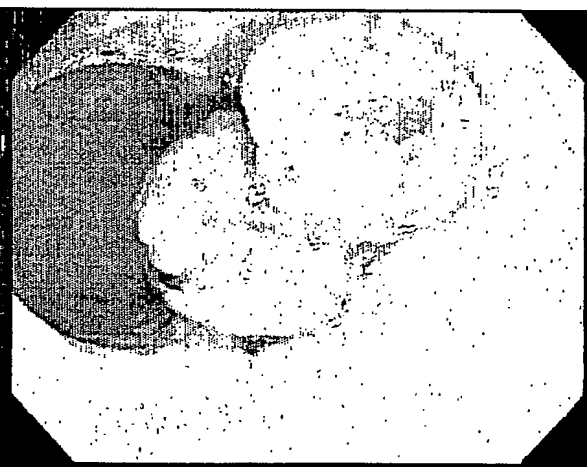


DESCENDING COLON POLYP

Fig. 23



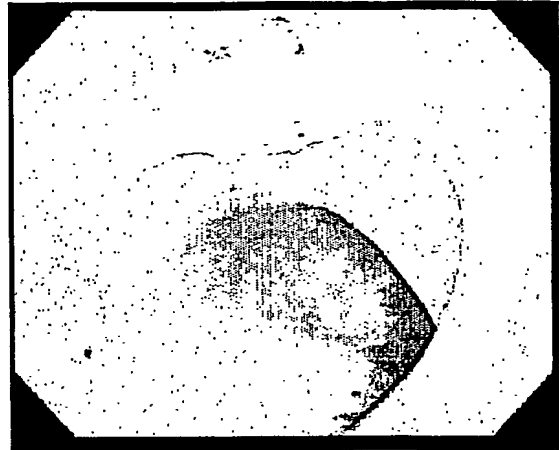
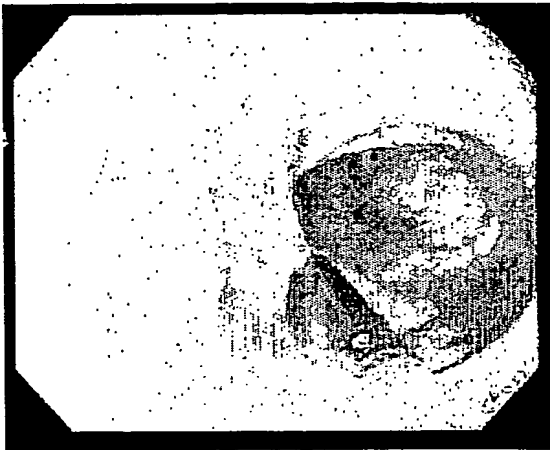
SMALL POLYP REMOVABLE THROUGH
FORCEPS CHANNEL



POLYP FAR LARGER THAN DIAMETER
OF FORCEPS CHANNEL

This is an example in which small and large polyps were found in a single case; the large one was a colon cancer.

Fig. 24

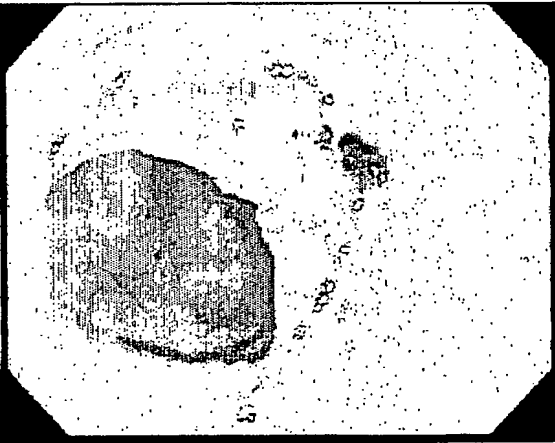


WHEN POLYP IS GRASPED WITH
HIGH-FREQUENCY SNARE FORCEPS

AFTER POLYP IS CAUTESIZED WITH
HIGH FREQUENCY SNARE

The polyp is grasped with standard forceps and
collected through a forceps channel.

Fig.25



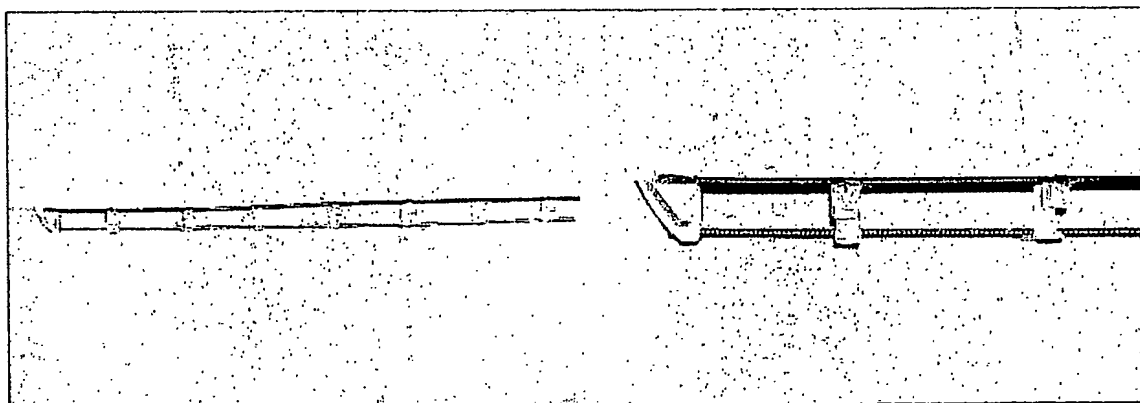
ENDOSCOPIC PHOTOGRAPHS BEFOERE AND AFTER POLYP IS
CAUTESIZED WITH HIGH-FLEQUENCY SNARE

Fig. 26



Since the polyp was larger than the diameter of the forceps channel, the polyp had to be grasped at the end with the endoscope. Therefore, the colon on the insertion-portion side from the portion where the polyp existed had to be observed insufficiently.

Fig. 27



OVERALL IMAGE

ENLARGED IMAGE OF TIP PORTION

Fig.28

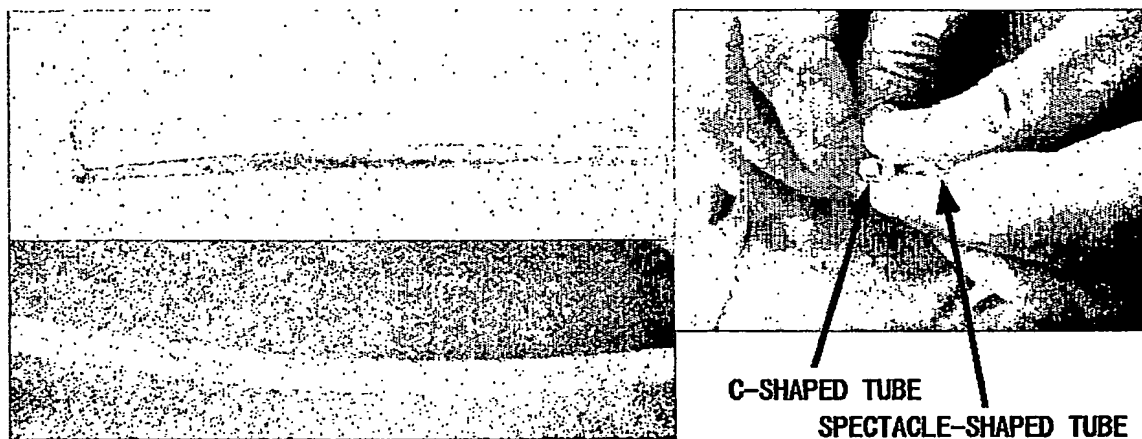


Fig. 29

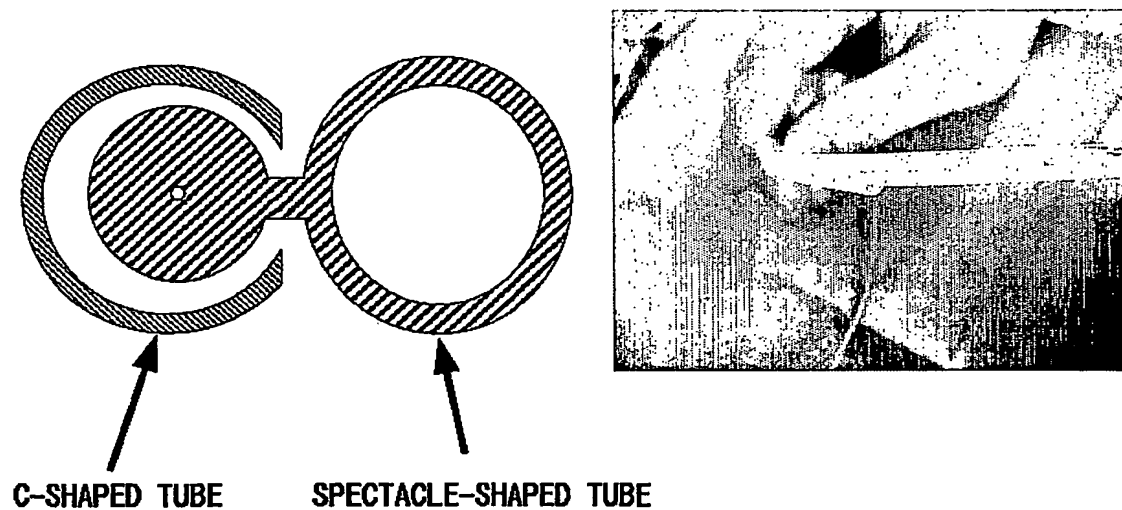


Fig. 30

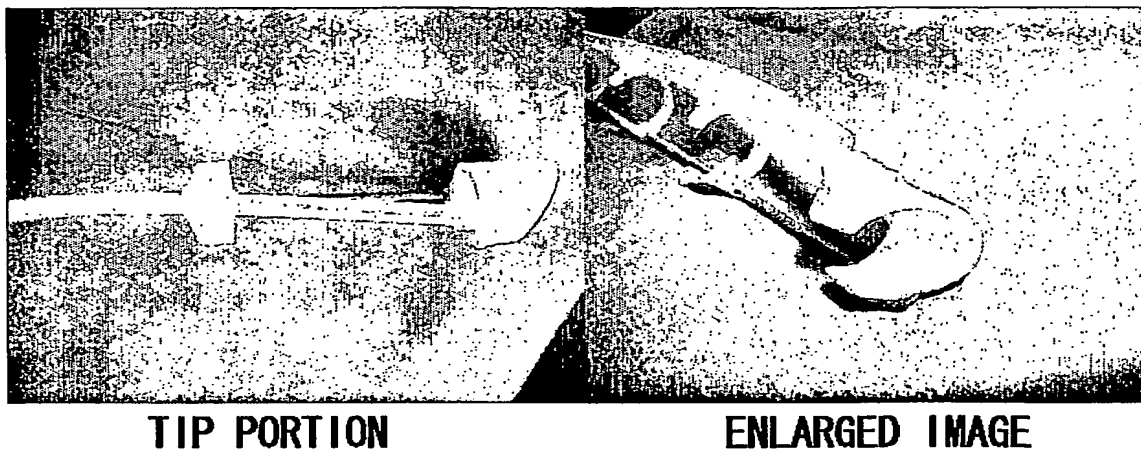
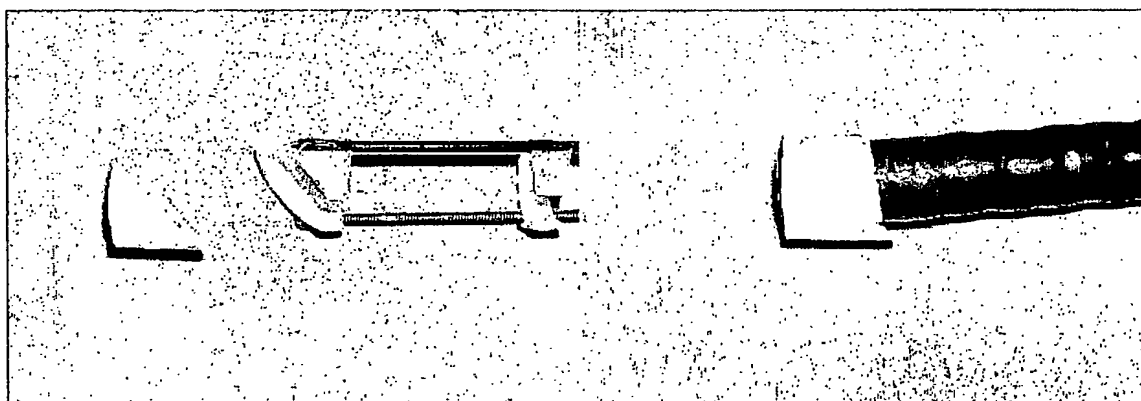


Fig. 31



A cap having a cut end which matches
a tip of an add-on device is attached

When the cap is attached to
a tip of an endoscope

Effect: With the cap, the tip of the external forceps channel device is rotated at the tip portion of the endoscope and fixed at an arbitrary position. Thus, it is possible to arbitrary determine the position of a forceps channel to be added.

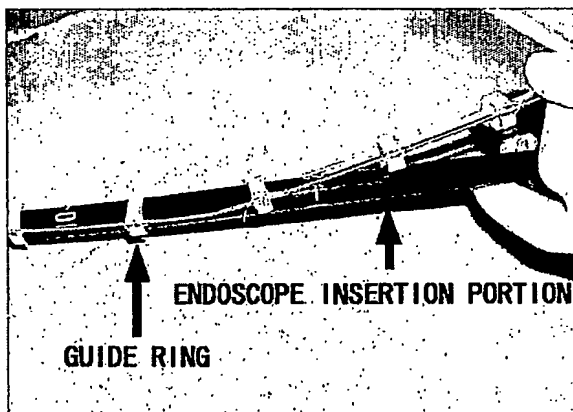
Fig. 32



At whatever angle the tip of the external forceps channel device reaches the tip of the endoscope, the tip of the add-on device is rotated with the positioning cap and thus can be positioned in a constant direction.

Fig.33

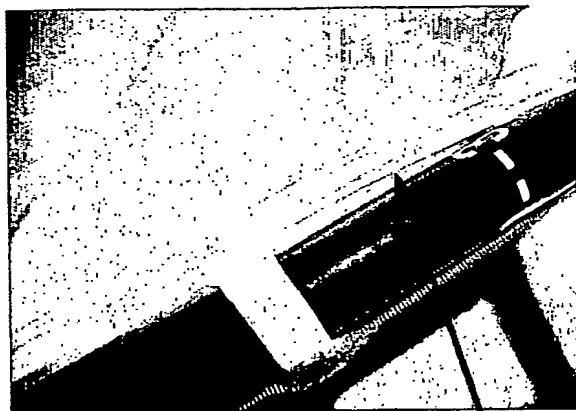
OPERATING PRROCEDURE 1



While guide rings of the external forceps channel device is gradually put thereon up to the tip of the endoscope

Fig.34

OPERATING PROCEDURE 2



After the external forceps channel device is put on the endoscope up to the tip thereof, an inner cylinder is inserted into the C-shaped tube and allowed to reach the tip thereof.

C-SHAPED TUBE

SPECTACLE-SHAPED TUBE
INSERTED IN C-SHAPED TUBE

Fig. 35

OPERATING PROCEDURE 3



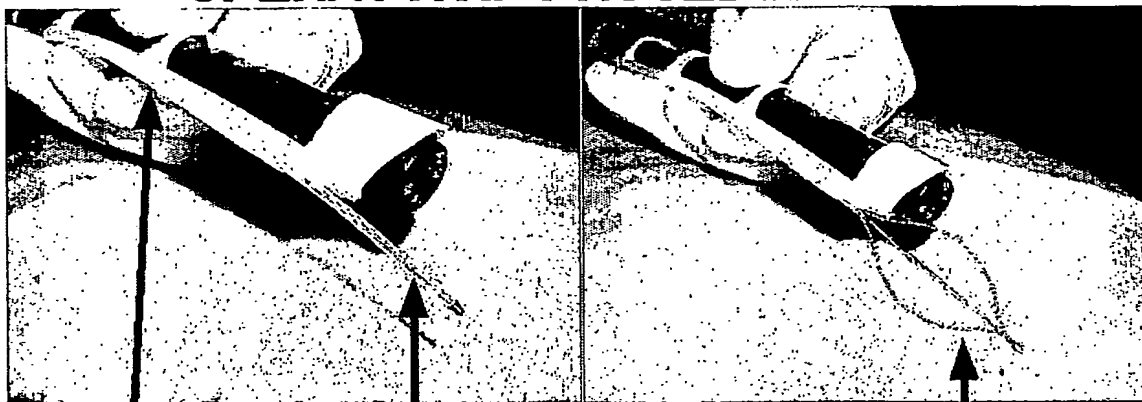
BASKET FORCEPS

SPECTACLE-SHAPED TUBE

Basket forceps are inserted into the external forceps channel of the spectacle-shaped tube, which has been inserted into the C-shaped tube up to the tip thereof.

Fig. 36

OPERATING PROCEDURE 4



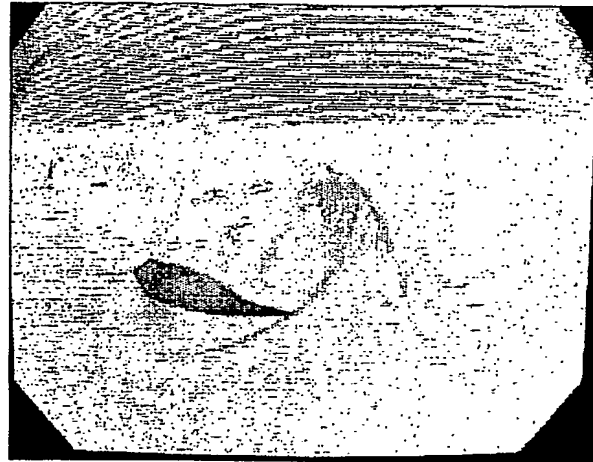
BASKET FORCEPS BASKET FORCEPS WHICH ARE OPENED
EXTERNAL FORCEPS CHANNEL ADDED
BY USE OF SPECTACLE-SHAPED TUBE

When the basket forceps are opened, from the
forceps channel by the external forceps channel
device

Fig. 37



APPERANCE OF TRANING
DEVICE FOR ENDOSCOPE



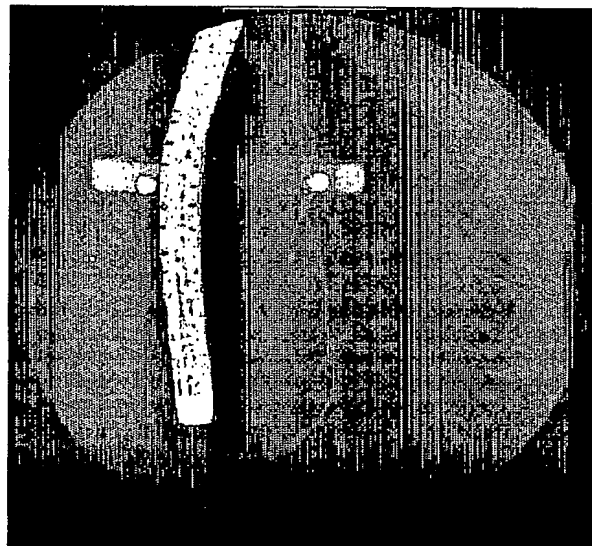
When an endoscope is inserted
into the inside of a training
device and observed

A polyp, as an abnormal finding
for training, is confirmed.

Fig.38



The endoscope is inserted
up to here.



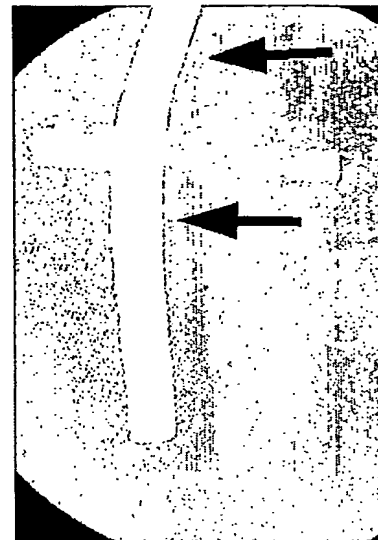
A fluoroscopic photograph, in
which it is confirmed that the
endoscope reaches an end point.

Fig.39



A fluoroscopic photograph at ☆ mark

A fluoroscopic photograph at ☆ mark, in which the shadow of an external forceps channel device is not clear.



A subject in question is photographed when the radiolucency has been changed. The shadow of the external forceps channel device can be confirmed at an arrowed portion.

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